Office of Labor-Management Standards Washington, DC 20210

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## **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREF	ULLY BEFORE PREPARING THIS REPORT.		
E S RECOMMENT			
1. File Number U - 2 8396	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name FERNAN J. LESTREMAY	Name TREW LOCAL 130		
	Labor Organization File Number 033-267		
P.O. Box, Bldg., Room No., if any $Suite 300$	P.O. Box, Building and Room Number, if any Suite 300		
Street 3200 Ridge lake DR.	Street 3200 Ridge lake DR.		
City METAIRIE	City METHIRIE		
State Louisiana ZIP Code + 4 70002	State Louisiana ZIP Code + 4 7000 2		
5. Position in labor organization. Executive BOARD / Assistant Business MANAGER			
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize	or derived income or other economic benefit of ation represents or is actively seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with,	or derived income or other economic benefit of		
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A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize.     Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of ation represents or is actively seeking to represent.		
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A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organizer.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	or derived income or other economic benefit of ation represents or is actively seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	or derived income or other economic benefit of ation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organizer.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	or derived income or other economic benefit of ation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiz  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	or derived income or other economic benefit of ation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.		
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiz.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	or derived income or other economic benefit of ation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.		
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiz.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Si  15. Signature and verification. The undersigned declares, under penalty	or derived income or other economic benefit of ation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  O  ignature  of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the		
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiz.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Si  15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompany).	or derived income or other economic benefit of ation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  6  6  6  6  7  7  7  7  7  7  7  7  7		

Name of Person Filing FERNAN J. LESTREMAN	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name The Segal Company  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 850  Street 2018 Powers Ferry Road  City Atlanta  State Georgia ZIP Code+4 30339	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name NEW OR LEANS Electrical Welfner Fund Trade Name, if any:	Fund Consultant		
P.O. Box, Bldg., Room No., if any Suite 302		бергенества	
Street 3200 RidgElAKE DRIVE	11.b. Approximate dollar value of such dealing.	\$111,297	
City METAIRIE	12.a. Nature of interest held or income received.		
State Louisiana . ZIP Code + 4 7000 2	MEAL (ZEA) October 8,2 MEAL (BACCO) April 28,20	004 \$31 004 \$61	
	42 b. Amarich		
	12.b. Amount.	- 74	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	kanamanilisad pilajad kanda alam kanah alikirin kanah irinisisk hidikad irinisiskali inisiskali ilanamani kanah	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street		**************************************	
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		